

07/21/05 THU 11:01 FAX



Michigan DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE COVER PAGE

FILED
05 SEP 22 PM 1:18
CARMELLA SABAUGH
MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 7 23 05 to 8 22 05
Mo Day Year Mo Day Year

1. Committee I.D. Number 137637
2. Committee Name
Committee to elect mark Paparelli for city council

4. Candidate Last Name PAPARELLI First Name MARK M.I. T
4a. Office Sought Including District # or Community Served (if applicable)
CITY COUNCIL FOR NEW BATHMORE
4b. County of Residence MACOMB

5. Committee's Mailing Address
37192 BERTH DR
NEW BATHMORE MI. 48047
Area Code and Phone 586-725-4977

6. Treasurer's Name & Residential Address
MARK PAPARELLI
37192 BERTH DR
NEW BATHMORE MI. 48047
Area Code & Phone (586) 725-4977

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

7. Treasurer's Business Address
37192 BERTH DR
NEW BATHMORE MI. 48047
Area Code and Phone (586) 725-4977

8. Designated Record keeper's Name and Mailing Address (if the committee has a Designated Record keeper)
CYNTHIA PAPARELLI
37192 BERTH DR
NEW BATHMORE MI. 48047
Area Code and Phone (586) 725-4977

9. TYPE OF STATEMENT

9a. ☐ Pre-Election

OR

9b. ☒ Post-Election

Pre-Election or Post-Election Statement relates to:

☒ Primary☐ General☐ Convention☐ School☐ Special☐ Caucus

Date of Election, Convention or Caucus

08 02 2005
Month Day Year

9c. ☐ Annual Statement (____ Coverage Year)9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

Month Day Year

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in Items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper MARK PAPARELLI Signature [Signature] Date 9 01 05
Type or Print Name Mo Day Year

Candidate MARK PAPARELLI Signature [Signature] Date 9 01 05
Type or Print Name Mo Day Year

Authority granted under P.A. 388 of 1976

09/22/05 THU 12:59 [TX/RX NO 9019]



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number

137637

2. Committee Name

Committee to elect

Mark Paparuzzi for City Council

SUMMARY PAGE CANDIDATE COMMITTEE

RECEIPTS

Column I
This Period

Column II
Cumulative this election cycle

3. Contributions

a. Itemized (Schedule 1A - Column 6)

(3a.) \$ 0

b. Unitemized (less than \$20.01 each - no Schedule)

(3b.) \$ NOT APPLICABLE

c. Subtotal of "Contributions"

(3c.) \$ 0

4. Other Receipts (Schedule 1A-1, Column 6)

(4.) \$ 0

5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS
(Add Line 3c + Line 4)

(5.) \$ 0

(18.) \$ 0

(19.) \$ 0

(20.) \$ 0

IN-KIND CONTRIBUTIONS & EXPENDITURES

6. In-Kind Contributions (Schedule 1-IK, Column 7)

(6.) \$ 354.03

(21.) \$ 1642.54

7. In-Kind Expenditures (Schedule 1B-IK, Column 6)

(7.) \$ 0

(22.) \$ 0

EXPENDITURES

8. Expenditures

a. Itemized (Schedule 1B, Column 6)

(8a.) \$ 0

b. Itemized Get-Out-the-Vote (Schedule 1B-G)

(8b.) \$ 0

c. Unitemized (less than \$50.01 each - no Schedule)

(8c.) \$ 0

9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)

(9.) \$ 0

(23.) \$ 0

INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)

10. Disbursements

a. Itemized (Schedule 1C, Column 6)

(10a.) \$ 0

b. Unitemized (less than \$50.01 each - no Schedule)

(10b.) \$ 0

11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS
(Add Line 10a + Line 10b)

(11.) \$ 0

(24.) \$ 0

DEBTS AND OBLIGATIONS

12. Debts and Obligations

a. Owed by the Committee (Schedule 1E)

(12a.) \$ 304.03

b. Owed to the Committee (Schedule 1E)

(12b.) \$ 0

BALANCE STATEMENT

13. Ending Balance of last report filed
(Enter zero if no previous reports have been filed.)

(13.) \$ 0

14. Amount received during reporting period
(Line 5, Total Contributions & Other Receipts)

(14.) + \$ 0

15. SUBTOTAL Add lines 13 and 14

(15.) = \$ 0

16. Amount expended during reporting period
(Add lines 9 and 11)

(16.) - \$ 0

17. ENDING BALANCE

(17.) \$ 0

(Subtract line 16 from line 15)



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

TEMPERED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE

1. Committee I. D. Number 137637
2. Committee Name Committee to Elect Mark Paparelli For City Council

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name <u>Mark Paparelli</u> Address: <u>37192 Brent Dr.</u> <u>New Baltimore MI 48047</u> If over \$100.00 cumulative, please provide: Occupation: <u>Service Sales Rep</u> Employer: <u>York International</u> Business Address: <u>1900 Opdyke Rd.</u> <u>Auburn Hills MI.</u> <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Office Supplies</u> 5. Date Of Receipt: <u>7/25/05</u> 6. Vendor Name & Address: <u>Staples</u> <u>61302 Grafton Ave</u> <u>Chesterfield MI 48001</u>	61.79	61.79
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name <u>Mark Paparelli</u> Address: <u>37192 Brent Dr</u> <u>New Baltimore MI 48047</u> If over \$100.00 cumulative, please provide: Occupation: <u>Service Sales Rep</u> Employer: <u>York International</u> Business Address: <u>1900 Opdyke Rd</u> <u>Auburn Hills MI.</u> <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>1/4 Page Advertisement</u> 5. Date Of Receipt: <u>7/27/05</u> 6. Vendor Name & Address: <u>Beech News paper</u> <u>9228 Shortcut Rd.</u> <u>Ira Township MI 48023</u>	99.00	99.00
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name <u>Mark Paparelli</u> Address: <u>37192 Brent Dr.</u> <u>New Baltimore MI 48047</u> If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Campaign Supplies</u> 5. Date Of Receipt: <u>7/30/05</u> 6. Vendor Name & Address: <u>Lowe's</u> <u>23 mile rd. Chesterfield</u> <u>MI.</u>	18.02	18.02

Page Subtotal
Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

178.81

Enter this total
on line 6 of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE

1. Committee I. D. Number 137637
2. Committee Name Committee to elect Mark Paparelli
for City Council

3. Name and Address from whom received (If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.)	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution #1 PAC Receipt? <input type="checkbox"/> Yes Name <u>Mark Paparelli</u> Address: <u>37192 Buxtt Dr.</u> <u>New Baltimore MI, 48047</u> If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Committee Meeting</u> 5. Date Of Receipt: <u>7/31/05</u> 6. Vendor Name & Address: <u>Vernier Restaurant</u> <u>8822 Vernier</u> <u>Fair Haven MI. 48023</u>	53.00	53.00
Contribution #2 PAC Receipt? <input type="checkbox"/> Yes Name <u>Mark Paparelli</u> Address: <u>37192 Buxtt Dr.</u> <u>New Baltimore MI 48047</u> If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Committee Meeting</u> 5. Date Of Receipt: <u>7/31/05</u> 6. Vendor Name & Address: <u>Jazz's Deli LLC</u> <u>13170 Washington</u> <u>New Baltimore MI. 48047</u>	16.00	16.00
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name <u>Mark Paparelli</u> Address: <u>37192 Buxtt Dr.</u> <u>New Baltimore MI. 48047</u> If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Gas For Van</u> 5. Date Of Receipt: <u>7/31/05</u> 6. Vendor Name & Address: <u>4 Star Investments</u> <u>8751 Dixie Hwy</u> <u>Fair Haven MI. 48023</u>	34.65	34.65

Page Subtotal
Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

103.65

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Summary
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE

1. Committee I. D. Number 137637
2. Committee Name Committee to Elect Mark Paparelli for City Council

3. Name and Address from whom received if contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name <u>MARK PAPARELLI</u> Address: <u>37192 BERT DR.</u> <u>NEW BALTIMORE MI 48047</u> If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Committee Lunch</u> 5. Date Of Receipt: <u>7/31/05</u> 6. Vendor Name & Address: <u>PANERA Bread</u> <u>51490 GRIFFIN AVE</u> <u>CHESTERFIELD MI. 48001</u>	11.51	11.51
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name <u>MARK PAPARELLI</u> Address: <u>37192 BERT DR.</u> <u>NEW BALTIMORE MI 48047</u> If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Postcards</u> 5. Date Of Receipt: <u>7/31/05</u> 6. Vendor Name & Address: <u>Staples</u> <u>51382 GRIFFIN AVE</u> <u>CHESTERFIELD MI. 48001</u>	10.06	10.06
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name <u>MARY BAYNE</u> Address: <u>50368 BAY</u> <u>NEW BALTIMORE MI 48047</u> If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Election Donation</u> 5. Date Of Receipt: <u>8/5/05</u> 6. Vendor Name & Address:	50.00	50.00

Page Subtotal
Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

71.57
354.03
Enter this total
on line 6 of
Summary
Page

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS

SCHEDULE 1E

CANDIDATE COMMITTEE

1. Committee I.D. Number 1376372. Committee Name Committee to Elect Mark Paparelli
for city council

This Schedule itemizes:

☒ Debts and obligations owed by or forgiven the committee OR ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>MARK Paparelli</u> <u>37192 Beeth Dr.</u> <u>New Baltimore MD</u> <u>48047</u>	4. Type: <u>Debt</u> 5. Date Debt Was Incurred: <u>7/20/05</u> 6. Original Amount of Debt: <u>\$61.79</u>	<u>1/1 \$</u> <u>1/1 \$</u> <u>1/1 \$</u> <u>1/1 \$</u>	\$: <u>5</u>	<u>\$61.79</u> <input checked="" type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <u>MARK Paparelli</u> <u>37192 Beeth Dr.</u> <u>New Baltimore MD</u> <u>48047</u>	4. Type: <u>Debt</u> 5. Date Debt Was Incurred: <u>7/20/05</u> 6. Original Amount of Debt: <u>\$99</u>	<u>1/1 \$</u> <u>1/1 \$</u> <u>1/1 \$</u> <u>1/1 \$</u>	\$: <u>99.00</u>	<u>99.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <u>MARK Paparelli</u> <u>37192 Beeth Dr.</u> <u>New Baltimore MD</u> <u>48047</u>	4. Type: <u>Debt</u> 5. Date Debt Was Incurred: <u>7/20/05</u> 6. Original Amount of Debt: <u>\$18.02</u>	<u>1/1 \$</u> <u>1/1 \$</u> <u>1/1 \$</u> <u>1/1 \$</u>	<u>18.02</u>	<u>18.02</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$				

Page Subtotal (Outstanding debt)

178.81

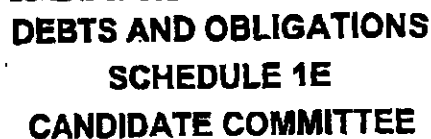
Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee)

Debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of the Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Page 1 of 3

Enter this total
on line 12a
"owed by" or
line 12b "owed
to" of the
Summary Page



1. Committee I.D. Number 137637

2. Committee Name Committee to elect mark Pappalillo
for city council

4. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

If bank loan, name of endorser or guarantor:

If bank loan, name of endorser or guarantor:

If bank loan, name of endorser or guarantor:

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total
on line 12a
"owed by" or
line 12b "owed
to" of the
Summary Page

Debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of the Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS

SCHEDULE 1E

CANDIDATE COMMITTEE

1. Committee I.D. Number 137637

2. Committee Name Committee to elect mark Pagnanelli for city council

This Schedule itemizes:

☒ Debts and obligations owed by or forgiven the committee OR ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>Mark Pagnanelli</u> <u>37192 Brett Dr.</u> <u>New Baltimore MI</u> <u>48047</u>	4. Type: <u>Debt</u> 5. Date Debt Was Incurred: <u>7/31/05</u> 6. Original Amount of Debt: <u>\$11.51</u>	<u>1 / 1 \$</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u>	<u>\$</u>	<u>\$ 11.51</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <u>Mark Pagnanelli</u> <u>37192 Brett Dr.</u> <u>New Baltimore MI</u> <u>48047</u>	4. Type: <u>Debt</u> 5. Date Debt Was Incurred: <u>7/31/05</u> 6. Original Amount of Debt: <u>\$10.06</u>	<u>1 / 1 \$</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u>	<u>\$</u>	<u>10.06</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: _____ _____ _____	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	<u>1 / 1 \$</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u> <u>1 / 1 \$</u>	_____	<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$				

Page Subtotal (Outstanding debt)

21.57

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

304.03

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

Debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of the Campaign Statement or it was forgiven during the period covered by this Campaign Statement.